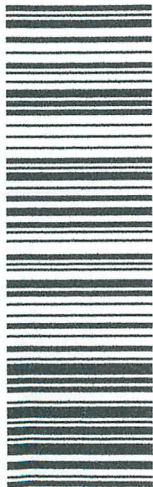


PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



9589 0710 5270 1220 3635 21
9589 0710 5270 1220 3635 21

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- | | |
|--|----------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ _____ |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ _____ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postmark
Here

**ALOMEGA HOME HEALTH CARE, LLC
C/O REGISTERED AGENT
ALVERNA MCCULLOUGH
41154 CEDAR CREEK ROAD
HEMPSTEAD, TEXAS 77445
1:23-CV-131-RP**

Case 1:23-cv-00131-RP
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ALOMEGA HOME HEALTH CARE, LLC
C/O REGISTERED AGENT
ALVERNA MCCULLOUGH
41154 CEDAR CREEK ROAD
HEMPSTEAD, TEXAS 77445
1:23-CV-131-RP



9590 9402 8990 4064 4035 15

2. Article Number (Transfer from service label)

9589 0710 5270 1220 3635 21

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Is the delivery address different from item 1? ☐ Yes
If so, print delivery address below: ☐ No

3. Service type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Mail
Mail Restricted Delivery
(0)



9590 9402 8990 4064 4035 15

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

**Clerk, U S. District Court
501 W 5th Street, Suite 1100
Austin, Texas 78701**

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
UNITED STATES COURTHOUSE
501 W. 5TH STREET, SUITE 1100
AUSTIN, TEXAS 78701

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE: \$300

ALOMEGA HOME HEALTH CARE, LLC
C/O REGISTERED AGENT
ALVERNA MCCULLOUGH
41154 CEDAR CREEK ROAD
HEMPSTEAD, TEXAS 77445
1:23-CV-131-RP

CLERK, U.S. DISTRICT COURT
WESTERN DISTRICT OF TEXAS
UNITED STATES COURTHOUSE
501 W. 5TH STREET, SUITE 1100
AUSTIN, TEXAS 78701

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE: \$300

ALOMEGA HOME HEALTH CARE, LLC
C/O REGISTERED AGENT
ALVERNA MCCULLOUGH
41154 CEDAR CREEK ROAD
HEMPSTEAD, TEXAS 77445
1:23-CV-131-RP